

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 00 - 006	2. STATE: Alaska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2000	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN
 ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
 ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1911 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2000</u> \$ <u>0</u> b. FFY <u>2001</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C Page 2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-C Page 2a


10. SUBJECT OF AMENDMENT:

Physician reimbursement for outpatient hospital services in Indian Health Service and Tribal Health facilities.

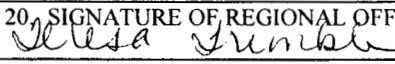
11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Does not wish to comment

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Assistance P.O. Box 110660 Juneau, Alaska 99811-0660
13. TYPED NAME: Bob Labbe	
14. TITLE: Director, Division of Medical Assistance	
15. DATE SUBMITTED: October 30, 2000	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: NOV - 3 2000	18. DATE APPROVED: FEB - 2 2001
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 1 2000	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Teresa L. TRIMBLE	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID
23. REMARKS:	

RECEIVED 10/31

Juneau

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL HEALTH FACILITIES
(Continued)

Other Physician Services

At the option of the Tribal Hospital

1) outpatient hospital services are reimbursed at the all-inclusive rate published by the Indian Health Service, reduced by the average amount for physician services for that year determined by HCFA from the cost reports submitted to determine the all-inclusive rate, and

2) physician services rendered to Medicaid recipients in the outpatient hospital setting are reimbursed according to the methodology for physician services described in Attachment 4.19-B, and

Approval Date 2-2-01
Effective Date 10-1-00

Plan # 00-006
Supersedes TN# 97-008